



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <u>150310</u></p>		<p>3. This Statement covers From: <u>1-1-10</u> to <u>12-31-10</u></p>	
<p>2. Committee Name <u>COMMITTEE TO ELECT</u> <u>VILKI ROUPE REGISTER</u> <u>OF DEEDS</u></p>		<p>4. Candidate Last Name <u>ROUPE</u> First Name <u>VICTORIA</u> M.I. <u>L.</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>REGISTER OF DEEDS</u> 4b. County of Residence <u>BAY</u></p>	
<p>5. Committee's Mailing Address <u>3115 KIRKWOOD PL.</u> <u>BAY CITY, MI 48706</u> Area Code and Phone <u>989-684-6462</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small></p>		<p>6. Treasurer's Name & Residential Address <u>VICTORIA L. ROUPE</u> <u>3115 KIRKWOOD PL.</u> <u>BAY CITY, MI 48706</u> Area Code & Phone <u>989-684-6462</u></p>	
<p>7. Treasurer's Business Address <u>515 CENTER AVENUE</u> <u>SUITE 102</u> <u>BAY CITY, MI 48708</u> Area Code and Phone <u>989-895-4227</u></p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p><p>Pre-Election or Post-Election Statement relates to:</p><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special</div><div><input type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus</div></div><p>Date of Election, Convention or Caucus _____</p></div><div style="width: 50%;"><p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2010</u> Coverage Year)</p><p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p><p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p><p>Effective Date of Dissolution _____</p><p><small>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</small></p><p><small>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</small></p></div></div>			
<p><small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small></p>			
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Record keeper <u>VICTORIA L. ROUPE</u> , <u>Victoria L. Roupe</u> Date <u>1-03-11</u> Type or Print Name Signature</p> <p>Candidate <u>VICTORIA L. ROUPE</u> , <u>Victoria L. Roupe</u> Date <u>1-03-11</u> Type or Print Name Signature</p>			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150310

2. Committee Name COMMITTEE TO ELECT VICKI
ROUPE REGISTER OF DEEDS

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>- 0 -</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>- 0 -</u>	(18.) \$ <u>3165.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$	<u>- 0 -</u>	(19.) \$ <u>- 0 -</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>- 0 -</u>	(20.) \$ <u>3165.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)			
	(6.) \$	<u>- 0 -</u>	(21.) \$ <u>- 0 -</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)			
	(7.) \$	<u>- 0 -</u>	(22.) \$ <u>- 0 -</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>363.60</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>- 0 -</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>363.60</u>	(23.) \$ <u>3083.78</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>- 0 -</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>- 0 -</u>	(24.) \$ <u>- 0 -</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>- 0 -</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>512.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>- 0 -</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>512.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>363.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>148.48</u>	*



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150310

2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF NEEDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>JOHN GLENN DRAMA CLUB</u></p> <p>Address <u>3201 KIESEL</u> <u>BAY CITY, MI 48706</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>AD</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>3-08-10</u> Date</p>	<p><u>\$ 35.00</u></p>
<p>Expenditure #2</p> <p>Name <u>BAY CITY DEMOCRATIC PRESS</u></p> <p>Address <u>309 NINTH STREET</u> <u>BAY CITY, MI 48708</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>TICKETS (PRINTING)</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>3-17-10</u> Date</p>	<p><u>\$ 10.48</u></p>
<p>Expenditure #3</p> <p>Name <u>ST PATRICKS DAY PARADE ASSOCIATION</u></p> <p>Address <u>46 1316 BROADWAY</u> <u>BAY CITY, MI 48708</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>AD</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>3-30-10</u> Date</p>	<p><u>\$ 55.00</u></p>
<p>Expenditure #4</p> <p>Name <u>BAY CITY DEMOCRATIC PRESS</u></p> <p>Address <u>309 NINTH STREET</u> <u>BAY CITY, MI 4870</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>TICKETS (PRINTING)</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>4-08-10</u> Date</p>	<p><u>\$ 108.12</u></p>
<p>Expenditure #5</p> <p>Name <u>MAYOR'S SCHOLARSHIP</u></p> <p>Address <u>C/O 226 LIBBY</u> <u>PINCONNING, MI 48650</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>TICKET</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>4-08-10</u> Date</p>	<p><u>\$ 35.00</u></p>
Subtotal this page			<u>243.60</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>363.60</u>

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150310

2. Committee Name COMMITTEE TO ELECT VICKI ROUPE
REGISTER OF DEEDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>BAY CITY NAACP</u> Address <u>C/O 1316 BROADWAY</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-15-10</u> Date	<u>\$ 50.00</u>
Expenditure #2 Name <u>GARBER HIGH SCHOOL</u> Address <u>303 PINE</u> <u>ESSEXVILLE, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-17-10</u> Date	<u>\$ 35.00</u>
Expenditure #3 Name <u>JOHN GLENN DRAMA CLUB</u> Address <u>3201 KIESEL</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-15-10</u> Date	<u>\$ 35.00</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<u>120.00</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE
REGISTER OF DEEDS

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes <u>VICTORIA L. ROUPE</u> <u>3115 KIRKWOOD PL.</u> <u>BAY CITY, MI</u> <u>48706</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12-10-03 & 7-02-04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000.00</u>	\$ \$ \$ \$ \$	\$ - 0 -	\$ <u>3000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 3000.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee) 3000.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.